

## TACTICAL FIELD CARE (TFC) ACTIONS

### GENERAL ACTIONS



**Establish security** perimeter/maintain tactical situational awareness



**Triage casualties** as required



**Use body substance isolation** precautions, if tactical situation permits



**Assess responsiveness** using the AVPU (alert, verbal, pain, unresponsive) process and mental status. **If unresponsive**, assess for presence of carotid pulse and respirations, and if absent, respond in accordance with the tactical environment



**If unresponsive** with pulses and respirations or if responsive with an altered mental status, take weapons/communication equipment from casualties



**Communicate with casualty** throughout the tactical trauma assessment process

**FOLLOW THE MARCH PAWS** sequence to perform the rest of the casualty assessment

**M A R C H P A W S**



### ASSESS AND TREAT MASSIVE HEMORRHAGE

- Assess for **unrecognized hemorrhage** and **control all sources** of bleeding
- Apply a tourniquet directly to the skin, 2–3 inches above the bleeding site, if not previously done in CUF
- Apply a second tourniquet side-by-side, proximal to the first, if bleeding is not controlled with the initial tourniquet
- Assess effectiveness of previously placed tourniquets, if ineffective, tighten tourniquets further; if still bleeding, apply second tourniquet proximal to first or apply a deliberate tourniquet 2–3 inches above the bleeding site
- If wound or wounds is not amenable to a limb tourniquet (neck, axillary and/or inguinal wounds, etc.), apply hemostatic dressing/adjuncts (for hemostatic dressing(s) hold pressure for 3 minutes)
- **Perform a blood sweep** (neck, axillary, and inguinal regions, anterior and posterior trunk, and all extremities) to exclude unrecognized life-threatening bleeding sources
- When appropriate, **apply junctional hemorrhage control** techniques using a wound packing or a junctional tourniquet
- Perform initial assessment for hemorrhagic shock (altered mental status in the absence of brain injury and/or weak or absent radial pulse) and consider immediate initiation of shock resuscitation efforts